Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application Number	10/825,271	10/825,271					
OIP FRANSMIT		Filing Date	April 14, 20	April 14, 2004					
FORM	1	First Named Inventor	Baoxin Li	Baoxin Li					
SEP 1 8 2006 (1)		Art Unit	2851	2851					
(to be used for any orresponder	nce after initial filing)	Examiner Name	Melissa J.	Koval					
Total Appropriate ages in This S		Attorney Docket Number	r 7146.0217						
ENCLOSURES (check all that apply)									
Fee Transmittal Form	☑ Drawing(s			owance Communication to TC					
		-related Papers		Appeal Communication to Board					
Amendment / Reply		·	Appeal C	of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
☐ After Final ☐ Petition to Provisions ☐ Power of A		Convert to a al Application		ary Information					
		Attorney, Revocation f Correspondence Address	Status L	etter					
Extension of Time Request	Extension of Time Request		Other E	Other Enclosure(s) (please identify below):  PTOL-85 (Issue Fee Transmittal), in duplicate					
Express Abandonment Request		for Refund ber of CD(s)	PTOL-85 (Is						
☐ Information Disclosure State	tomont	ndscape Table on CD	Return posto	card					
Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53  Remarks  Remarks  The Commissioner is hereby authorized to charge any additional fees, or credit any overpayment, to Deposit Account No. 03-1550.									
1.	SIGNATURE OF	ADDI ICANT ATTORNE	/ OP AGENT						
Firm	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Chemoff, Vilhauer, McClung & Stenzel 601 SW 2 <sup>rd</sup> Ave., Suite 1600 Portland, OR 97204								
Signature									
Printed Name Kevin L. Russell									
Date	September 14,	2006 Reg No.							
	CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Signature									
Typed or printed name   K	Kevin L. Russell		Date	September 14, 2006					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Multiple Dependent Claims

Fee Paid (\$)

Fee (\$)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/825,271 **Application Number** TRANSMITTAL April 14, 2004 Filing Date for FY 2005 Baoxin Li First Named Inventor Applicate Claims small entity status. See 37 CFR 1.27 Melissa J. Koval **Examiner Name** Art Unit 2851 MARAGEOUNT OF PAYMENT (\$) 1700 7146.0217 Attorney Docket No. METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : Deposit Account Name: Chernoff, Vilhauer, McClung & Stenze Deposit Account Deposit Account Number: 03-1550 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Utility 300 150 500 250 200 100 200 100 100 130 65 Design 50 200 300 150 160 80 Plant 100 250 300 500 600 Reissue 300 150 200 100 0 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee Description <u>Fee (\$)</u> Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 180

	3. APPLICATION SIZE FEE	
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	
	listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional	1 50
1	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)	Fee Paid (\$)
	100 = / 50 = (round <b>up</b> to a whole number) x	=
	4. OTHER FEE(S)	Fees Paid (\$)
	Non-English Specification, \$130 fee (no small entity discount)	
	Other (e.g., late filing surcharge): Issue/Publication Fees	<u>\$1700</u>
- 1		

Fee Paid (\$)

Fee Paid (\$)

Fee(\$)

Fee(\$)

**Extra Claims** 

Extra Claims

HP = highest number of independent claims paid for, if greater than 3.

HP = highest number of total claims paid for, if greater than 20.

**Total Claims** 

Indep. Claims

-20 or HP=

- 3 or HP=

SUBMITTED BY	1. /			
Signature		Registration No. (Attorney/Agent) 38,292	Telephone	503-227-5631
Name (Print/Type)	Kevin L. Russell		Date	Sept. 14, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PART B - FEE(S) TRANSMITTAL Complete and send this form, together th applicable fee(s), to: Mail Mail Stop ISS Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: The form should be sed for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further transmitting the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected the patent feet of the patent of the patent feet and patent feet and publication of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees the patent feet and publication of the publication of the patent feet and publication of t maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 55648 7590 07/25/2006 Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. KEVIN L. RUSSELL CHERNOFF, VILHAUER, MCCLUNG & STENZEL LLP 1600 ODSTOWER 601 SW SECOND AVENUE Kevia L. Russell (Depositor's name) PORTLAND, OR 97204 09/18/2006 EAREGAY2 00000009 10825271 (Signature) September 14, 2006 (Date) 1400.00 DP 01 FC:1501 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 8109 KLR 7146 0217 10/825,271 Baoxin Li TITLE OF INVENTION: PROJECTION SYSTEM DATE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE ISSUE FEE DUE APPLN. TYPE SMALL ENTITY 10/25/2006 \$300 \$0 \$1700 \$1400 nonprovisional NO ART UNIT **CLASS-SUBCLASS EXAMINER** 353-031000 KOVAL, MELISSA J 2851 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Chernoff, Vilhauer, (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2McClung & Stenzel (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Sharp Laboratories of America, Inc. Camas, WA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A check is enclosed. Issue Fee ☐ Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1550 (enclose an extra copy of this fo ☐ Advance Order - # of Copies (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Typed or printed name \_\_\_\_\_\_ Registration No. \_\_\_\_\_\_ 38,292

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.